

Checklist for the Pharmacy Directory

Instructions

- The Pharmacy Directory Checklist is to be submitted with your Pharmacy Directory. Both documents should be zipped and submitted as 1 file.
- Complete the checklist and submit it with your Pharmacy Directory, which you will transmit via the HPMS PDP Marketing Module.

Requirements

All required and relevant information is included in the Pharmacy Directory:

	Page#
___ Marketing material ID	___
___ Materials in 12 point font	<u>N/A</u>
___ Include customer service numbers, TTY/TDD number, and hours of operation	___
___ Include all required categories	<u>N/A</u>
___ Include names, complete address, and phone numbers and type of Pharmacy	___
___ Include central number for chain Pharmacy	___
___ Include TRS relay number 711	___
___ Include the disclaimer: "All network pharmacies may not be listed in this directory. Please contact organization at xxx-xxx-xxxx for additional information." (If applicable)	___
___ Include the disclaimer: "The Directory is currently as of a particular date and that the pharmacy listing in the directory does not guarantee the pharmacy is still in the network." (If applicable)	___
___ Include the disclaimer: "The inclusion of a pharmacy does not guarantee that the pharmacy is open or is at the same location as listed in the Directory." (If applicable)	___
___ Include combined physician and pharmacy directories in one document. (If applicable)	___
___ Include a list of both preferred and non-preferred pharmacies. (If applicable)	___
___ Include the features of both preferred and non-preferred pharmacies	___
___ Include information about adequate access to covered Part D drugs dispensed on a non-routine basis by out-of-network pharmacies when the enrollees cannot reasonably be expected to obtain such drugs at a network pharmacy	___
___ Include requirements to use mail-order prescription drug services to obtain their extended supplies of maintenance medications	___
___ Include option of using a preferred or non-preferred retail pharmacy in the network to obtain a maintenance supply of medications	___
___ Include if a retail pharmacy does agree to accept the mail-order reimbursement rate for an extended supply of medications, the enrollee should have no out-of-pocket payment differences	___
___ Include if a retail pharmacy does not agree to accept the mail-order reimbursement rate but has accepted an alternative retail/mail-order pharmacy rate for an extended supply of medications, the enrollee will be liable for any difference in charge	___
___ Include the maximum expected turnaround time for the processing and shipment of all mail orders	___

___ Include the process for enrollees to obtain a prescription if a mail order is delayed ___
___ No spelling errors NA

Based on my best knowledge, information, and belief, all information submitted to CMS in these documents is accurate, complete, and truthful. Our organization has performed a second quality review of the materials before submitting them to CMS for review and approval.

(Name & Title of preparer of materials/ Date)

(Name & Title of second Quality Reviewer/Date)

On behalf of

(NAME OF ORGANIZATION)